

MILTON TOWNSHIP

Application for Conditional Use

Property Location: _____

Parcel #: _____ Name of Owner: _____

Name of Applicant : _____ Phone: _____

Address of Applicant: _____

Signature of Applicant: _____ Date: _____

Description of Proposed Use (including parking facilities, if applicable, and ingress and egress as approved by the County Road Commission):

Use of Premises on Adjacent Properties:

Expected Effect of Proposed Use on Adjacent Properties and Development of the Neighborhood:

Please attach a legal description of the property and a sketch showing the location and size of buildings and location of sewage disposal and water supply facilities, existent or proposed. A \$500 fee must accompany this application plus \$25 for mailings, checks made payable to Milton Township.

For Office Use Only

Date of Review by Zoning Administrator_____

Recommendations:

Date of Public Hearing_____ Date of Planning Commission Review_____

Recommendations:

Date of Board Action_____

Approved_____ Denied_____

Reason for Board Action:

Signatures of Board Officials:

Supervisor_____

Date_____

Clerk_____

Date_____